

2:21-CV-0950 JDP PC

FILED

MAY 26 2021

B. DEFENDANTSCLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____

1. Name of first Defendant: DO NOT KNOW The first Defendant is employed as: medical staff at Downtown Jail
(Position and Title) (Institution)
2. Name of second Defendant: _____ The second Defendant is employed as: _____
(Position and Title) (Institution)
3. Name of third Defendant: _____ The third Defendant is employed as: _____
(Position and Title) (Institution)
4. Name of fourth Defendant: _____ The fourth Defendant is employed as: _____
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
- a. First prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- b. Second prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
- c. Third prior lawsuit:
1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

CLAIM III

1. State the constitutional or other federal civil right that was violated: All of them

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I WAS REFUSED MEDICAL ATTENTION OF OVER 30 DAYS AT THE MHA JAIL, WHEN I FINALLY BEGGED AN OFFICER TO LET ME GO TO MEDICAL THE ATTENDING NURSE TOLD ME I HAVE PEOPLE WITH CHEST PAINS AND YOU COME TO ME WITH A FINGER ALICE - GET YOUR ASS -

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☐ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

Back to your cell, when
I got to Rec I went man
down! I Had a ring green
in my Finger. when I finally
got to the Hospital the doctor
told me! 'Im' taking the finger
maybe the Hand and
Per Haps the whole arm
we don't know till we
start cutting.

E. REQUEST FOR RELIEF

State the relief you are seeking:

my finger was cut off by medical staff

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

5-22-2021

DATE

Steven Saurin
SIGNATURE OF PLAINTIFF

NONE

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

NONE

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.